

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ragae Ghabrial et al

Serial No.: 10/749,192

Art Unit: 1616

Filed : 12/31/2003

Examiner:

For : METHOD FOR INCORPORATION OF BIOACTIVES INTO A POROUS  
HYDOPHOBIC POLYMER SCAFFOLD

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME  
AND AUTHORIZATION TO CHARGE  
DEPOSIT ACCOUNT THEREFOR

Dear Sir:

Applicant(s) petition(s) the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated 03/10/2004 for four(4) month(s) from 05/10/2004 to 09/10/2004. An Amendment responding to the aforesaid Office Action is being filed concurrently herewith.

Please charge Deposit Account No. 10-0750/LFS5029USNP the sum of \$1,590.00 in the name of Johnson & Johnson for the cost of filing this Petition. Three copies of this Petition are enclosed.

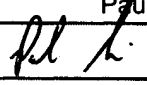

Respectfully submitted,

Mark R. Warfield  
Reg. No. 33,463  
Attorney for Applicant(s)

Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003  
(732) 524-2796  
DATE: 04/25/2006

Adjustment date: 07/24/2006 CKHLOK  
04/25/2006 INTEFSW 00000438 100750 10749192  
1590.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>07/19/06</u>		2 Serial/Patent # <u>10/749,192</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time FC 1254	none	04/25/06	\$ 1,590.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 1,590.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
	Duplicate Payment		Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9	1	0
			--	0
			7	5
			0	0
Filed after the maximum extendable period for response.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: <u>Senior Attorney</u>		
SIGNATURE: <u></u>		PHONE: <u>571-272-3225</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u></u>		DATE: <u>7/24/06</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**